

MULTIPLE D. M. NT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER		AFTER		IND.	DEP.
	1st AMENDMENT	IND.	DEP.	2nd AMENDMENT		
1	/	/	/	/		
2	/	/	/	/		
3	/	/	/	/		
4	/	/	/	/		
5	/	/	/	/		
6	/	/	/	/		
7	/	/	/	/		
8	✓	/	/	/		
9	✓	/	/	/		
10	✓	/	/	/		
11	✓	/	/	/		
12	✓	/	/	/		
13	✓	/	/	/		
14	✓	/	/	/		
15	✓	/	/	/		
16	✓	/	/	/		
17		/	/	/		
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48						
49						
50						
TOTAL	IND.		2	IND.		
TOTAL	DEP.		16	DEP.		
TOTAL CLAIMS						

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51			52			53		
54			55			56		
57			58			59		
60			61			62		
63			64			65		
66			67			68		
69			70			71		
72			73			74		
75			76			77		
78			79			80		
81			82			83		
84			85			86		
87			88			89		
90			91			92		
93			94			95		
96			97			98		
99			100					
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								